

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Minerals, Inc.	
Address	
P. O. Box 1320 - Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain)	
Recomplete to Morrow Zone.	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		Lease Nos.	
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Government A	2	East Grama Ridge Morrow	Federal
Location		State, Federal or Fee	
Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u>		Federal	
Line of Section <u>10</u> Township <u>22S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County		NM 049943 NM 033312	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		P. O. Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		P. O. Box 1320, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	A	10	22S
			Rge.
			34E
Is gas actually connected?		When	
Yes		3-25-85	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA		Designate Type of Completion - (X)	
Oil Well	Gas Well	New Well	Workover
	X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-10-83	3-11-85	13,450'	12,897'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3575' GR	Morrow	12,715'	2-7/8" @ 12,700'
Perforations			Depth Casing Shoe
12,715'-12,740'			13,450'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1061'	1215 C1 C
12-1/4"	9-5/8"	5650'	575 C1 C
		DV Tool @ 3760'	2100 HCL & 50 C1 C
8-1/2"	7"	11260	350 HCL & 350 C1 H

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	0 (200 BWPD)		-	
600	24 Hours				
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size		
Pipeline	3800	Sealed	23/64"		

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>APR - 8 1985</u> , 19	
		BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
		DISTRICT SUPERVISOR	
		TITLE _____	
This form is to be filed in compliance with RULE 1104.			
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out completely for allowable on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
Separate forms C-104 must be filed for each pool in multiply recompleted wells.			
<u>Officer</u> (Signature) Vice President - Engineering (Title) April 3, 1985 (Date)			

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
ESTIMATION	
DATE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Minerals, Inc.

Address
P. O. Box 1320, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Government A	Well No. 2	Pool Name, Including Formation East Grama Ridge Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM049943
Location Unit Letter A : 990' Feet From The north Line and 660 Feet From The east Line of Section 10 Township 22S Range 34E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, NM 88241
If well produces oil or liquids, give location of tanks.	Unit : A Sec. : 10 Twp. : 22S Rge. : 34E Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 11-10-83	Date Compl. Ready to Prod. 2-24-84	Total Depth 13,450'	P.B.T.D. 12,870'					
Elevations (DF, RKB, RT, GR, etc.) 3575' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,772'	Tubing Depth 2-7/8" at 10,914'					
Perforations 11,772' to 11,792'	Depth Casing Shoe 11260'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	1061'	1215 C1 C
12-1/4"	9-5/8"	5650	575 C1 C
		DV Tool at 3760'	2100 H1C & 50 C1 C
8-1/2"	7"	11260	350 H1C & 350 C1 H

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1150	Length of Test 3 hours	Bbls. Condensate/MMCF 5.0	Gravity of Condensate 48.0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 3900	Casing Pressure (Shut-in) Sealed	Choke Size 8/64"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Al Klaar

Al Klaar

Vice President-Engineering

(Title)

3-7-84

(Date)

OIL CONSERVATION DIVISION

MAR 21 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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Separate Form C-104 must be filed for each pool in multiple completed wells.

* 4-1/2" Liner set at 13,447' with top of liner at 10,914' cemented with 450 sacks Class H.

RECEIVED
MAR 8 1984
O.C.D.
HOEBS OFFICE

RECEIVED
MAR 8 1984
O.C.D.
HOEBS OFFICE